

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DIVISION OF LONG-TERM CARE**

**WITHDRAWAL REQUEST
MONEY FOLLOWS THE PERSON PROGRAM (MFP)**

Instructions: This form should be used whenever an individual who has received a Service Authorization for the MFP Program has decided to no longer participate, is no longer able to participate or has died.

This form should be submitted to DMAS via secure email or FAX.

MFP@dmass.virginia.gov or (804) 452.5468

Participant Name:
Reason for Withdrawal:
Medicaid ID Number:
Provider Name:
Provider ID Number:

I have chosen to withdraw from participation in the Money Follows the Person Program. I am aware that I am no longer eligible for any services that were directly related to this Program. My Transition Coordinator or Support Coordinator/Case Manager has explained the services that I will no longer be eligible to receive and those I can still receive.

Withdrawing from MFP will not effect:

- My Medicaid eligibility.
- My eligibility for the Home and Community Based Service Program in which I am presently enrolled.

Signature of Participant	Date of Signature
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Signature of Legal Guardian (if applicable)	Date of Signature
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Signature of Support Transition Coordinator or Coordinator/Case Manager	Date of Signature
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